

Provider Rate Implementation Frequently Asked Questions (FAQs)

Why are provider rates changing?

On August 26, 2020, the Wyoming Department of Health announced budget reductions approved by the Governor's Office in response to declining state revenues. That announcement can be found at <https://health.wyo.gov/department-of-health-describes-difficult-budget-reductions/>.

Which rates will decrease?

The Division of Healthcare Financing (Division) will institute a 2.5% decrease to most Comprehensive and Supports Waiver (DD Waiver) provider reimbursement rates. Rates for the following services will not change since they were originally slated for elimination and public notice was not given on any rate decrease:

- Dietician
- Homemaker
- Occupational Therapy
- Physical Therapy
- Skilled Nursing
- Speech, Language, and Hearing

The Division is targeting an implementation date of February 1, 2021.

Will there be a change to the Support Waiver individual budget amounts (IBAs)?

Yes – Supports Waiver IBAs are based on calculations of specific services, and are applied equitably across all participants. The IBA for children will decrease to \$18,457 which includes case management. The adult IBA will decrease to \$21,444 which includes case management.

Will Comprehensive Waiver IBAs change as well?

Yes – participants receiving services on the Comprehensive Waiver will experience changes to their IBAs. Participant IBAs will be decreased by 2.5% to reflect the reimbursement rate decrease. IBAs for plan renewals will reflect the full decrease. Ongoing plans will be prorated based on the units that are moved to the lower rate line for that plan year.

How will the participant IBA be adjusted for ongoing plans?

This will depend on how many service units are moved to the lower rate line. This is based on units that have not been billed for on that service line as of February 1, 2021. Providers will receive a new Prior Authorization form (PA) for the services that remain on the plan at the lower rate, and the IBA will be prorated based on the remaining services. Case managers will need to work closely with participants, legally authorized representatives, and providers to ensure that the prorated IBA accurately reflects the remaining units on each participant's plan. Providers are encouraged to review PAs to assure units reflected are correct. As plans renew, a full IBA based on the 2.5% reduction will be in effect.

What do I do if the IBA doesn't support the services in my current IPC?

If the ongoing, prorated IBA doesn't support the services that are on the IPC as of February 1, 2021, the case manager must email the Benefits and Eligibility Specialist (BES) by February 28, 2021 to explain the request for an IBA review.

Can plan of care teams submit an Extraordinary Care Committee (ECC) request to have the participant's IBA increased due to the rate reduction?

No, ECC requests will only be reviewed if the criteria outlined in Chapter 46 has been met. ECC requests submitted as a result of these budget reductions will not be considered.

Will participant-directed budgets be decreased?

Each participant's budget amount will be reduced. While employers of record are not required to change rates due to budget changes, the overall IBA will change and plan of care teams will need to discuss their options to determine how to appropriately meet the participant's needs through participant-direction and/or traditional services. This is consistent with how prior rate changes were applied to participant-direction.

When will the rate change become effective?

The DD Waiver amendments have been submitted to CMS. The target date for implementation is February 1, 2021.

What is the visual timeline for this process?

Date	Entity Responsible	Action
December 7, 2020	DHCF	Waiver amendment requesting a change to service rates was submitted to the Center for Medicare and Medicaid Services (CMS).
January 22, 2021	Case Manager	All modifications and IPCs (not specific to decrease) are submitted.
January 29, 2021	DHCF	All modifications and IPCs submitted by January 22, 2021 are reviewed.
January 29, 2021	Providers/Case Managers	All provider billing is up to date. This will significantly decrease billing errors and increase time in which providers will be paid.
February 1, 2021	DHCF	EMWS unavailable for plan work while system updates are completed
February 1, 2021	CMS/DHCF	Effective date of new rates
February 3, 2021	DHCF	EMWS back online for plans
March 24, 2021	Case Manager	All modifications and requests related to the IBA must be submitted.

Which waiver services will be eliminated?

At this time the Division is not eliminating any waiver services. The Division will temporarily delay this service elimination pending further direction on the need for additional budget reductions.

Will the Division inform providers about the rate changes and the request that all billing be current as of January 29, 2021?

Yes. The Division will inform all providers of the decrease, and request that all bills be submitted by January 29, 2021. We are asking that providers submit as much billing as possible before this date so the number of claims for services provided prior to February 1, 2021 that the system has to pay out is minimal. This will help the rate change go more smoothly. We understand that it is not feasible to submit all billing by this date, but want to make it clear that the fewer claims that are left unbilled after that point, the quicker the system will be able to implement the change.

Does this billing request reflect case management? I have concerns regarding the request that billing be submitted by January 29, 2021 when I bill monthly.

The Division understands that the monthly case management unit for January will be billed in February, so this is a consideration we have made.

Will case managers be able to access, complete, and submit monthly and quarterly reviews in EMWS while the system update is in progress?

Yes. Monthly and quarterly reviews will be available. We do not foresee any issues with losing saved data that has been entered into these reports while EMWS is being updated with the new provider rates.

Do outstanding February and March plans need to be completed before the system becomes unavailable?

February plans need to be completed before the system work begins on February 1, 2021. March plans do not need to be completed before the system work begins.

When will EMWS actually become unavailable for plan modifications for case managers?

Case managers will still be able to see the plans, but no changes should be made after January 22, 2021.

When will case managers be able to access all sections of EMWS again?

We will send out an email blast as soon as the system is fully available. There are many factors over which we have no control, so we cannot give a specific time line until we are in the process. However, we are anticipating February 3, 2021.

Are February and March plans of care rates and IBA's updated with the rate changes?

Yes, the rates and IBAs have been updated and are now available for the renewal plans. If a February or March IPC was submitted prior to the IBA adjustment, then the IPC will be adjusted in EMWS on February 1, 2021. If modifications are necessary after the adjustments are completed, the case manager will work with the team to adjust units so the IPC is within IBA.

Should case managers submit March plans if they are completed prior to January 29, 2021?

Yes. We do not expect problems with these, but would encourage making backups.

Should case managers wait to make any changes to service authorizations, content, etc. to March plans until EMWS becomes fully available again?

Yes

When should case managers submit March plans of care?

Case managers can submit March 1st plans early (by January 29, 2021) or wait until EMWS is available on February 3, 2021. For this instance only, plans will not be considered late as long as they are submitted by February 4, 2021.

What will the impact of the EMWS unavailability be on the March IPC for the following situations?

a) March plan is written and submitted prior to January 29, 2021?

An IPC should not be affected by the system updates; only modifications will be affected.

b) March plan with updates, uploads, and service authorization changes made, but has not been submitted prior to January 29, 2021?

If this is an initial or renewal plan, there will be no changes after the system update. However, if there is an incomplete modification that has not been submitted, it will be deleted.

Should case managers use the rate rebasing tool for plan modifications prior to and after the system changes in February?

Yes. The rate rebasing tool should be completed and uploaded into the document library prior to submitting a plan modification to adjust units after the February update.